

Facility Name & ID Number Alden Des Plaines Rehab & Health Care Center

0042010 Report Period Beginning: 1/1/08 Ending: 12/31/08

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	110	Skilled (SNF)	110	40,260	1
2		Skilled Pediatric (SNF/PED)		0	2
3		Intermediate (ICF)		0	3
4		Intermediate/DD		0	4
5		Sheltered Care (SC)		0	5
6		ICF/DD 16 or Less		0	6
7	110	TOTALS	110	40,260	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	1,882	5,313	18,704	25,899	8
9	SNF/PED					9
10	ICF	75	299		374	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	1,957	5,612	18,704	26,273	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 65.26%

D. How many bed-hold days during this year were paid by the Department?

None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.

(E.g., day care, "meals on wheels", outpatient therapy)

None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?

YES NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES NO

I. On what date did you start providing long term care at this location?

Date started 10/31/2000

J. Was the facility purchased or leased after January 1, 1978?

YES Date 10/31/2000 NO

K. Was the facility certified for Medicare during the reporting year?

YES NO If YES, enter number of beds certified 110 and days of care provided 18,686

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

Is your fiscal year identical to your tax year? YES NO

Tax Year: 12/31/08 Fiscal Year: 12/31/08

* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Alden Des Plaines Rehab & Health Care Cen # 0042010 Report Period Beginning: 1/1/08 Ending: 12/31/08

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	522,066	28,123	7,467	557,656	1,241	558,897	1,806	560,703		1
2	Food Purchase		229,979		229,979	(20,497)	209,482	(4,485)	204,997		2
3	Housekeeping	168,102	28,637		196,739	1,052	197,791	2,118	199,909		3
4	Laundry	28,806	13,191		41,997	66	42,063		42,063		4
5	Heat and Other Utilities			229,822	229,822		229,822	(5,737)	224,085		5
6	Maintenance	47,629		167,252	214,881	181	215,062	18,427	233,489		6
7	Other (specify):* Security			262	262		262	3,456	3,718		7
8	TOTAL General Services	766,603	299,930	404,803	1,471,336	(17,957)	1,453,379	15,585	1,468,964		8
	B. Health Care and Programs										
9	Medical Director			54,000	54,000		54,000		54,000		9
10	Nursing and Medical Records	2,450,756	188,085	9,374	2,648,215	16,789	2,665,004	27,892	2,692,896		10
10a	Therapy	53,170			53,170		53,170		53,170		10a
11	Activities	114,075	1,596	2,927	118,598	142	118,740	(649)	118,091		11
12	Social Services	37,844			37,844		37,844		37,844		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Related Party Ben.							4,071	4,071		15
16	TOTAL Health Care and Programs	2,655,845	189,681	66,301	2,911,827	16,931	2,928,758	31,314	2,960,072		16
	C. General Administration										
17	Administrative	62,103			62,103		62,103	65,049	127,152		17
18	Directors Fees										18
19	Professional Services			947,485	947,485	(13,039)	934,446	(888,232)	46,214		19
20	Dues, Fees, Subscriptions & Promotions			69,632	69,632	(975)	68,657	(57,728)	10,929		20
21	Clerical & General Office Expenses	214,528	23,943	84,822	323,293	1,441	324,734	(25,872)	298,862		21
22	Employee Benefits & Payroll Taxes			544,033	544,033	10,604	554,637	(10,954)	543,683		22
23	Inservice Training & Education										23
24	Travel and Seminar			7,051	7,051		7,051	1,118	8,169		24
25	Other Admin. Staff Transportation			2,784	2,784		2,784	6,362	9,146		25
26	Insurance-Prop.Liab.Malpractice			123,569	123,569	(952)	122,617	10,992	133,609		26
27	Other (specify):* Bad Debt			114,366	114,366		114,366	(83,221)	31,145		27
28	TOTAL General Administration	276,631	23,943	1,893,742	2,194,316	(2,921)	2,191,395	(982,486)	1,208,909		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,699,079	513,554	2,364,846	6,577,479	(3,947)	6,573,532	(935,587)	5,637,945		29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

STATE OF ILLINOIS

Page 4

Facility Name & ID Number Alden Des Plaines Rehab & Health Care Center #0042010 Report Period Beginning: 1/1/08 Ending: 12/31/08

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			54,965	54,965		54,965	226,430	281,395			30
31	Amortization of Pre-Op. & Org.			264	264		264		264			31
32	Interest			247,242	247,242	952	248,194	294,904	543,098			32
33	Real Estate Taxes			319,257	319,257	(319,257)		321,975	321,975			33
34	Rent-Facility & Grounds			925,642	925,642	319,257	1,244,899	(1,244,899)				34
35	Rent-Equipment & Vehicles			10,585	10,585		10,585	19,933	30,518			35
36	Other (specify):* MIP							45,754	45,754			36
37	TOTAL Ownership			1,557,955	1,557,955	952	1,558,907	(335,903)	1,223,004			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		966,117	1,737,450	2,703,567	2,995	2,706,562	(137,560)	2,569,002			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			60,390	60,390		60,390		60,390			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		966,117	1,797,840	2,763,957	2,995	2,766,952	(137,560)	2,629,392			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,699,079	1,479,671	5,720,641	10,899,391		10,899,391	(1,409,050)	9,490,341			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

Alden Des Plaines Rehab & Health Care Center

IDPH Facility ID Number: #0042010

Reclassifications on Pgs 3 & 4 - Column 5

Report Period Beginning: 1/1/2008

Report Period Ending: 12/31/2008

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(20,497.00)	Employee Meals
	22	20,497.00	Employee Meals
22		(9,892.71)	Uniforms
	10	6,745.32	Uniforms
	1	1,241.04	Uniforms
	3	1,051.84	Uniforms
	4	66.24	Uniforms
	6	180.69	Uniforms
	11	142.14	Uniforms
	21	465.44	Uniforms
26		(952.00)	Interest - old policy/curr yr portion
	32	952.00	Interest - old policy/curr yr portion
10		(2,995.00)	Oxygen - to appropriate cost center
	39	2,995.00	Oxygen - to appropriate cost center
33		(319,257.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	319,257.00	Rent - Real Estate Tax on associated landowner (Pg 6)
<u>Others, if any:</u>			
19		(13,039.04)	Clinical Coordinators (Pathway Billing)
	10	13,039.04	Clinical Coordinators (Pathway Billing)
20		(975.00)	eHealth Data Solutions
	21	975.00	eHealth Data Solutions

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Facility Name & ID Number Alden Des Plaines Rehab & Health Care Center

0042010

Report Period Beginning: 1/1/08

Ending: 12/31/08

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(4,500)	6		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(90,935)	30		9
10	Interest and Other Investment Income	(3,678)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,768)	2		13
14	Non-Care Related Interest	(9,237)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(6,981)	21		17
18	Fines and Penalties	(3,711)	32		18
19	Entertainment	(424)	20		19
20	Contributions	(5,925)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(13,392)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(114,366)	27		24
25	Fund Raising, Advertising and Promotional	(22,417)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(162,904)	21		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (440,238)		\$	30

BHF USE ONLY						
48		49		50		51
						52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(536,801)	Various	34
35	Other- Attach Schedule	(432,011)	PG 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (968,812)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (1,409,050)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.		x	\$		38
39			x			39
40	Gift and Coffee Shops		x			40
41	Barber and Beauty Shops		x			41
42	Laboratory and Radiology		x			42
43	Prescription Drugs		x			43
44			x			44
45	Other-Attach Schedule		x			45
46	Other-Attach Schedule		x			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

Alden Des Plaines Rehab & Health Care Center

ID# 0042010

Report Period Beginning: 1/1/08

Ending: 12/31/08

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	
1	Late fees on utilities	\$ (7,330)	5	1
2	Intercompany Interest (7031)	(115,615)	32	2
3				3
4	Record Copies (g/1 4977-100-001)	(69)	10	4
5	Jury Duty (g/1 4977-100-002)	(17)	21	5
6	Vending Machine (g/1 4977-100-003)	(768)	2	6
7	Food Rebate (g/1 4977-100-005)	(2,239)	2	7
8	Wage Service Fee (g/1 4977-100-006)	(212)	21	8
9	Donations (g/1 4977-100-023)	(57)	21	9
10	Marketing Mgr (g/1 6701-100-009)	(68,909)	21	10
11	Mktg Mgr employee benefits reduction	(10,207)	22	11
12	IL Health Care Assoc Dues (PAC: 32.30%)	(1,961)	20	12
13	Back out LLC bank charges	(49)	21	13
14	Eliminate non-care employee benefits	(747)	22	14
15	Eliminate non-care marketing costs	(80)	20	15
16	Eliminate non-care Activities/Residents costs	(649)	11	16
17	Eliminate non-care G & A costs	(68)	21	17
18	Eliminate non-care R & M costs	(68)	6	18
19	Deming Leadership Training (0.21)	(735)	24	19
20	Back out LLC mtge int > CON asset limit	(145,948)	32	20
21	Back out LLC MIP exp > CON asset limit	(17,793)	36	21
22	Expense Related Party items < \$2500	774	6	22
23	Back out depreciation on assets < \$2,500 Pg. 12	(302)	30	23
24	Eliminate Deprec on Pg 13 < \$2,500 items	(7,688)	30	24
25	Expense Pg 13 items < \$2500	12,685	6	25
26	Adjust depreciation to Pg 13's	(1,347)	30	26
27	Backout Prior Year Rent Adj.	(60,000)	34	27
28	Eliminate Americans for Job Security	(959)	20	28
29	Eliminate Alliance for Quality Nursing	(1,650)	20	29
30	Adj for ABC related party-Pg 12	(3)	30	30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(432,011)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Des Plaines Rehab & Health Care Center

0042010

Report Period Beginning:

1/1/08

Ending:

12/31/08

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	3,017	(1,211)	0	0	0	0	0	0	0	1,806	1
2	Food Purchase	(4,775)	0	0	290	0	0	0	0	0	0	0	(4,485)	2
3	Housekeeping	0	0	2,118	0	0	0	0	0	0	0	0	2,118	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(7,330)	0	1,593	0	0	0	0	0	0	0	0	(5,737)	5
6	Maintenance	8,891	0	9,610	0	0	0	(74)	0	0	0	0	18,427	6
7	Other (specify):*	0	0	2,858	598	0	0	0	0	0	0	0	3,456	7
8	TOTAL General Services	(3,214)	0	19,196	(323)	0	0	(74)	0	0	0	0	15,585	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(69)	0	24,159	3,251	551	0	0	0	0	0	0	27,892	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	(649)	0	0	0	0	0	0	0	0	0	0	(649)	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	4,071	0	0	0	0	0	0	0	0	4,071	15
16	TOTAL Health Care and Programs	(718)	0	28,230	3,251	551	0	0	0	0	0	0	31,314	16
	C. General Administration													
17	Administrative	0	0	65,049	0	0	0	0	0	0	0	0	65,049	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(13,392)	0	(874,840)	0	0	0	0	0	0	0	0	(888,232)	19
20	Fees, Subscriptions & Promotions	(33,416)	0	(24,312)	0	0	0	0	0	0	0	0	(57,728)	20
21	Clerical & General Office Expenses	(239,197)	459	126,300	16,156	70,410	0	0	0	0	0	0	(25,872)	21
22	Employee Benefits & Payroll Taxes	(10,954)	0	0	0	0	0	0	0	0	0	0	(10,954)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(735)	0	1,853	0	0	0	0	0	0	0	0	1,118	24
25	Other Admin. Staff Transportation	0	0	6,362	0	0	0	0	0	0	0	0	6,362	25
26	Insurance-Prop.Liab.Malpractice	0	10,888	104	0	0	0	0	0	0	0	0	10,992	26
27	Other (specify):*	(114,366)	0	25,118	1,717	4,310	0	0	0	0	0	0	(83,221)	27
28	TOTAL General Administration	(412,060)	11,347	(674,366)	17,873	74,720	0	0	0	0	0	0	(982,486)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(415,992)	11,347	(626,940)	20,801	75,271	0	(74)	0	0	0	0	(935,587)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Des Plaines Rehab & Health Care Center

0042010

Report Period Beginning:

1/1/08

Ending:

12/31/08

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	(100,275)	322,515	2,842	0	1,348	0	0	0	0	0	0	226,430	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(278,189)	538,390	28,922	0	5,781	0	0	0	0	0	0	294,904	32
33	Real Estate Taxes	0	319,257	2,384	0	334	0	0	0	0	0	0	321,975	33
34	Rent-Facility & Grounds	(60,000)	(1,184,899)	0	0	0	0	0	0	0	0	0	(1,244,899)	34
35	Rent-Equipment & Vehicles	0	0	19,933	0	0	0	0	0	0	0	0	19,933	35
36	Other (specify):*	(17,793)	63,547	0	0	0	0	0	0	0	0	0	45,754	36
37	TOTAL Ownership	(456,257)	58,810	54,081	0	7,463	0	0	0	0	0	0	(335,903)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(57,434)	(154,926)	74,800	0	0	0	0	0	(137,560)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	(57,434)	(154,926)	74,800	0	0	0	0	0	(137,560)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(872,249)	70,157	(572,859)	(36,633)	(72,192)	74,800	(74)	0	0	0	0	(1,409,050)	45

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
The Alden Group, Ltd.	100	See Pg 6K		See Pg 6K		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rent	\$ 1,184,899	Alden-Des Plaines Rehabilitation and Health Care Center, LLC		\$	\$ (1,184,899)	1
2	V	32 Interest-Replacement reserve	2,512	Alden-Des Plaines Rehabilitation and Health Care Center, LLC			(2,512)	2
3	V	32 Interest - facility loan	68,065	Alden-Des Plaines Rehabilitation and Health Care Center, LLC			(68,065)	3
4	V	21 Bank charges		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		49	49	4
5	V	21 Licenses, etc		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		410	410	5
6	V	33 Real estate taxes		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		319,257	319,257	6
7	V	26 Property & liability ins		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		10,888	10,888	7
8	V	36 Mortgage insurance		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		63,547	63,547	8
9	V	32 Interest on mortgage		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		521,244	521,244	9
10	V	32 Interest on IOD loan		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		82,304	82,304	10
11	V	30 Depreciation		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		322,515	322,515	11
12	V	32 Amortization		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		5,419	5,419	12
13	V							13
14	Total		\$ 1,255,476			\$ 1,325,633	\$ * 70,157	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	5 Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 1,593	\$ 1,593	15
16	V	24 Travel & Seminar		Alden Management Services, Inc.		1,853	1,853	16
17	V	25 Other admin travel		Alden Management Services, Inc.		6,362	6,362	17
18	V	26 Insurance		Alden Management Services, Inc.		104	104	18
19	V	20 Dues/subscriptions/fees etc	24,600	Alden Management Services, Inc.		288	(24,312)	19
20	V	30 Depreciation		Alden Management Services, Inc.		2,842	2,842	20
21	V	32 Amortization		Alden Management Services, Inc.		32	32	21
22	V	33 Real estate taxes		Alden Management Services, Inc.		2,384	2,384	22
23	V	35 Rent-equipment/vehicles		Alden Management Services, Inc.		19,933	19,933	23
24	V	32 Interest		Alden Management Services, Inc.		28,890	28,890	24
25	V	1 Salaries-Dietary Aide		Alden Management Services, Inc.		3,017	3,017	25
26	V	3 Salaries-Housekeeping Coord.		Alden Management Services, Inc.		2,118	2,118	26
27	V	7 Employee Benefits-general Svcs		Alden Management Services, Inc.		2,858	2,858	27
28	V	10 Salaries-Nurse & Med. Records		Alden Management Services, Inc.		24,159	24,159	28
29	V	15 Employee Benefits-health care		Alden Management Services, Inc.		4,071	4,071	29
30	V	17 Salaries-Total Admin		Alden Management Services, Inc.		65,049	65,049	30
31	V	27 Employee Benefits-general admin		Alden Management Services, Inc.		25,118	25,118	31
32	V	19 Professional fees	895,973	Alden Management Services, Inc.		21,133	(874,840)	32
33	V	21 Clerical and G & A		Alden Management Services, Inc.		126,300	126,300	33
34	V	6 Maintenance	8,347	Alden Management Services, Inc.		17,957	9,610	34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 928,920			\$ 356,061	\$ * (572,859)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	1 Dietary consultant	\$ 7,467	Prism Health Care Services, Inc.	0.00%	\$ 1,890	\$ (5,577)	15
16	V	1 Dietary salaries		Prism Health Care Services, Inc.		4,366	4,366	16
17	V	2 Tube feeding	6,906	Prism Health Care Services, Inc.		7,196	290	17
18	V	10 Equipment rental-patient care	6,660	Prism Health Care Services, Inc.		9,911	3,251	18
19	V	39 Ancillary supplies	112,204	Prism Health Care Services, Inc.		54,770	(57,434)	19
20	V	21 G & A salaries		Prism Health Care Services, Inc.		9,708	9,708	20
21	V	27 Emp. Benefits-G & A		Prism Health Care Services, Inc.		1,717	1,717	21
22	V	7 Emp. Benefits-Dietary		Prism Health Care Services, Inc.		598	598	22
23	V	21 G & A expenses		Prism Health Care Services, Inc.		6,448	6,448	23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 133,237			\$ 96,604	\$ * (36,633)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Des Plaines Rehab & Health Care Center# 0042010Report Period Beginning: 1/1/08Ending: 12/31/08

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39 Drugs	\$ 433,952	Forum Extended Care Services II, Inc.	0.00%	\$ 630,916	\$ 196,964	15
16	V	39 I.V.	411,594	Forum Extended Care Services II, Inc.		60,011	(351,583)	16
17	V	39 Wound Vac	1,514	Forum Extended Care Services II, Inc.		1,207	(307)	17
18	V	10 House Stock	13,142	Forum Extended Care Services II, Inc.		12,396	(746)	18
19	V	10 Pharm Consult	3,044	Forum Extended Care Services II, Inc.		4,341	1,297	19
20	V	27 Employ Vaccin	3,128	Forum Extended Care Services II, Inc.		2,495	(633)	20
21	V	27 Employ Benefits-G & A		Forum Extended Care Services II, Inc.		4,943	4,943	21
22	V	21 G & A Salaries		Forum Extended Care Services II, Inc.		42,565	42,565	22
23	V	21 Gen'l & Admin		Forum Extended Care Services II, Inc.		27,845	27,845	23
24	V	32 Interest		Forum Extended Care Services II, Inc.		5,781	5,781	24
25	V	33 Real Estate Tax		Forum Extended Care Services II, Inc.		334	334	25
26	V	30 Depreciation		Forum Extended Care Services II, Inc.		1,348	1,348	26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 866,374			\$ 794,182	\$ * (72,192)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	39	Revenue - therapy	\$ 1,646,202	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 1,721,002	\$ 74,800	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 1,646,202			\$ 1,721,002	\$ * 74,800	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	6 Repair & Maintenance	\$ 12,971	Alden Bennett Construction Company, Inc.	0.00%	\$ 12,897	(74)	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 12,971			\$ 12,897	\$ * (74)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

STATE OF ILLINIOS

Facility Name & ID Number Alden Des Plaines Rehab & Health Care Center Provider No. 0042010

Report Period Beginning:

1/1/08

Ending: 12/31/08

RELATED NURSING HOMES		OTHER RELATED BUSINESS ENTITIES		
Name	City	Name	City	Type of Business
Heather Health Care Center, Inc.	Harvey	The Forum Professional Center, LP	Chicago	Home Office rental
Alden-Long Grove Rehabilitation and Health Care Center, Inc.	Long Grove	Forum Extended Care Services II, Inc.	Chicago	Pharmacy
Alden-Lincoln Park Rehabilitation and Health Care Center, Inc.	Chicago	Alden Management Services, Inc.	Chicago	Management
Alden-Northmoor Rehabilitation and Health Care Center, Inc.	Chicago			
Alden-Lakeland Rehabilitation and Health Care Center, Inc.	Chicago			
Alden of Old Town East, Inc.	Bloomingtondale	Alden Garden Courts of DesPlaines, LLC	DesPlaines	Assisted Living/Alzheimers Facility
Alden Terrace of McHenry Rehabilitation and Health Care Center, Inc.	McHenry	Alden Courts of Waterford, LLC	Aurora	Alzheimers Facility
Alden - Wentworth Rehabilitation and Health Care Center, Inc.	Chicago	Alden Gardens of Waterford, LLC	Aurora	Assisted Living
Alden Estates of Naperville, Inc.	Naperville	Prism Health Care Services, Inc.	Schaumburg	Nursing and Durable Equipment
Alden - Valley Ridge Rehabilitation and Health Care Center, Inc.	Bloomingtondale	Community Physical Therapy & Associates, Ltd.	Wood Dale	Therapy Provider
Alden Village Health Facility for Children and Young Adults, Inc.	Bloomingtondale	Alden Bennett Construction Company, Inc.	Chicago	General Contractor
Alden - Orland Park Rehabilitation and Health Care Center, Inc.	Orland Park			
Alden - Princeton Rehabilitation and Health Care Center, Inc.	Chicago			
Alden of Old Town West, Inc.	Bloomingtondale			
Alden - Town Manor Rehabilitation and Health Care Center, Inc.	Cicero			
Alden Trails, Inc.	Bloomingtondale			
Alden - Poplar Creek Rehabilitation and Health Care Center, Inc.	Hoffman Estates			
Alden - North Shore Rehabilitation and Health Care Center, Inc.	Skokie			
Alden - Des Plaines Rehabilitation and Health Care Center, Inc.	Des Plaines			
Alden Estates of Evanston, Inc.	Evanston			
Alden - Alma Nelson Manor, Inc.	Rockford			
Alden - Park Strathmoor, Inc.	Rockford			
Alden - Meadow Park Health Care Center, Inc.	Clinton, WI			
Alden Estates of Barrington, Inc.	Barrington			
Alden of Waterford, LLC	Aurora			
Alden Springs, Inc.	Bloomingtondale			
Alden Village North, Inc.	Chicago			

Facility Name & ID Number Alden Des Plaines Rehab & Health Care Cer # 0042010 Report Period Beginning: 1/1/08 Ending: 12/31/08

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg	President	CEO	100.00	176,113	0.864	0.02	Salary	\$ 3,887	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	65,754	0.864	0.02	Salary	1,451	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	38,255	0.864	0.02	Salary	844	6-7	3
4											4
5											5
6	A. Floyd Schlossberg is the President and sole stockholder of Alden Management Services, Inc.										6
7	B. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is the Director of Clinical Services and provides technical support for the entire nursing staff.										7
8	C. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry coordinates the purchase of all building maintenance items as well as supervise building engineers.										8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 6,182		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Alden Des Plaines Rehab & Health Care Center # 0042010 Report Period Beginning: 1/1/08 Ending: 12/31/08

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

Name of Related Organization Alden Management Services, Inc.
 Street Address 4200 W. Peterson
 City / State / Zip Code Chicago, IL 60646
 Phone Number (773) 286-3883
 Fax Number (773) 286-8038

B. Show the allocation of costs below. If necessary, please attach worksheets.

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient Days	1,216,590	30	\$ 73,771	\$ 26,273	\$ 1,593	1
2	24	Travel & Seminar	Patient Days	1,216,590	30	85,812	26,273	1,853	2
3	25	Other admin travel	Patient Days	1,216,590	30	294,582	26,273	6,362	3
4	26	Insurance	Patient Days	1,216,590	30	4,828	26,273	104	4
5	20	Dues/subscriptions/fees etc	Patient Days	1,216,590	30	13,344	26,273	288	5
6	30	Depreciation	no. of providers	30	30	98,652	1	2,842	6
7	31	Amortization	Patient Days	1,216,590	30	1,500	26,273	32	7
8	33	Real estate taxes	Patient Days	1,216,590	30	125,958	26,273	2,384	8
9	35	Rent-equipment/vehicles	Patient Days	1,216,590	30	923,032	26,273	19,933	9
10	32	Interest	Patient Days	1,216,590	30	1,783,086	26,273	28,890	10
11	1	Salaries-Dietary Aide	Patient Days	1,216,590	30	139,689	139,689	3,017	11
12	3	Salaries-Housekeeping Coord.	Patient Days	1,216,590	30	98,076	98,076	2,118	12
13	7	Employee Benefits-general Svcs	Patient Days	1,216,590	30	132,325	26,273	2,858	13
14	10	Salaries-Nurse & Med. Records	Patient Days	1,216,590	30	1,256,694	1,256,694	24,159	14
15	15	Employee Benefits-health care	Patient Days	1,216,590	30	188,531	26,273	4,071	15
16	17	Salaries-Total Admin	Patient Days	1,216,590	30	2,118,865	2,118,865	65,049	16
17	27	Employee Benefits-general admin	Patient Days	1,216,590	30	1,163,122	26,273	25,118	17
18	19	Professional fees	Patient Days	1,216,590	30	978,599	605,253	21,133	18
19	21	Clerical and G & A	Patient Days	1,216,590	30	5,848,424	5,104,656	126,300	19
20	6	Maintenance	Patient Days	1,216,590	30	831,505	644,276	17,957	20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 16,160,395	\$ 9,967,509	\$ 356,061	25

Facility Name & ID Number Alden Des Plaines Rehab & Health Care Cent # 0042010 Report Period Beginning: 1/1/08 Ending: 12/31/08

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
A. Directly Facility Related																				
Long-Term																				
1	Cambridge Realty		X	Mortgage		9/1/2005	\$ 10,390,300	\$ 10,112,545	4/1/2044	5.4000	\$ 521,243	1								
2	Cambridge Realty		X	Operating loss loan		3/1/2004	1,690,000	1,604,525	6/1/2040	5.1000	82,304	2								
3				Int exp in excess of CON cap							(145,948)	3								
4	Bank Leumi		X	Working capital	varies	3/29/2006	1,500,000		8/1/2008	varies	46,688	4								
5	Insurance Int & Amort.		X	Malpractice Ins Interest							7,698	5								
Working Capital																				
6	Bank Leumi		X	Working Capital		12/12/2008	1,192,668	1,192,668	12/11/2009	5.0000	2,631	6								
7	Related Party-AMS		X	Working Capital							28,890	7								
8	Related Party-FECII		X	Working Capital							5,781	8								
9	TOTAL Facility Related							\$ 14,772,968	\$ 12,909,738			\$ 549,287	9							
B. Non-Facility Related*																				
10	DP Rehab & HCC, LCC	X		Interest-Replacement Res							(2,512)	10								
11	Patient interest income		X								(3,677)	11								
12												12								
13												13								
14	TOTAL Non-Facility Related							\$	\$			\$ (6,189)	14							
15	TOTALS (line 9+line14)							\$ 14,772,968	\$ 12,909,738			\$ 543,098	15							

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 45,754 Line # 36

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2007 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2007 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2007.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2007 real estate tax bill to Healthcare and Family Services, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2008 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions,

2007 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Des Plaines Rehab & Health Care Center COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0042010

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

TELEPHONE (773) 286-3883 FAX #: (773) 286-8038

A. Summary of Real Estate Tax Costs

Enter the tax index number and real estate tax assessed for 2007 on the lines provided below. Enter only the portion of total cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2007.

(A) <u>Tax Index Number</u>	(B) <u>Property Description</u>	(C) <u>Total Tax</u>	(D) <u>Tax Applicable to Nursing Home</u>
1. <u>See attached supplement</u>	<u>Related Party-Alden Management Services</u>	<u>\$ 295,853.00</u>	<u>\$ 2,384.00</u>
2. <u>See attached supplement</u>	<u>Related Party-Forum Extended Care 1</u>	<u>\$ 28,917.00</u>	<u>\$ 305.00</u>
3. <u>09-17-200-128-0000</u>	<u>Nursing home facility</u>	<u>\$ 195,426.00</u>	<u>\$ 195,426.00</u>
4. <u>09-17-200-129-0000</u>	<u>Nursing home facility</u>	<u>\$ 135,731.00</u>	<u>\$ 135,731.00</u>
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u>655,927.00</u>	\$ <u>333,846.00</u>

B. Real Estate Tax Cost Allocation:

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES X NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used)

C. Tax Bills

Attach a copy of the original 2007 tax bills which were listed in Section A to this statement. Be sure to use the 2007 tax bill which is normally paid during 2008

PLEASE NOTE: Payment information from the Internet or otherwise is not considered acceptable tax bill documentation. Facilities located in Cook County are required to provide copies of their original **second installment** tax bill.

Facility Name & ID Number Alden Des Plaines Rehab & Health Care Center

0042010 Report Period Beginning:

1/1/08 Ending:

12/31/08

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 51,490 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 3

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO
If so, please complete the following:

1. Total Amount Incurred: _____ 2. Number of Years Over Which it is Being Amortized: _____
3. Current Period Amortization: _____ 4. Dates Incurred: _____

Nature of Costs: _____
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Nursing Home</u>	<u>51,490</u>	<u>2000</u>	<u>\$ 1,016,045</u>	1
2					2
3	TOTALS	51,490		\$ 1,016,045	3

Facility Name & ID Number Alden Des Plaines Rehab & Health Care Center

0042010

Report Period Beginning:

1/1/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	110		2000	2000	9,685,956	242,149	40	174,652	(67,497)	\$ 1,509,186	4
5	Adjustment to correct to CON costs (net=6,986,060)				(2,699,896)						5
6											6
7											7
8	Related Party-Forum			1978	14,056		25			14,056	8
	Improvement Type**										
9	ISS/Chicago Sound & Communication(vent alarm interface)			2000	3,400	340	10	340		2,947	9
10	Alden Bennett Construction(multiple wireless install)			2001	4,894	489	10	489		3,751	10
11	Owners extras (change orders)			2000	524,876	26,244	20	26,244		220,886	11
12	Owners extras (change orders)			2000	12,972	648	20	648		5,458	12
13	ABC-parking lot sealcoat/stripe			2002	3,852	550	7	550		3,531	13
14	ABC-screened patio enclosure			2002	10,069	1,438	7	1,438		9,828	14
15	EWS Welding-alarm			2002	1,076	108	10	108		754	15
16	New Horizons-residents phones			2002	1,646	165	10	165		1,098	16
17	New Horizons-residents phones			2002	3,161	316	10	316		2,081	17
18	ABC-owners extras			2003	2,571	171	15	171		1,027	18
19	ABC-owners extras			2003	5,511	367	15	367		2,203	19
20	ABC [GT Mechanical]-Replace BI compressor			2007	3,383	677	5	677		1,748	20
21	Mohawk-Calhoun Carpet Admin area			2007	2,747	549	5	549		641	21
22	ABC-New carpeting Nile Room			2007	6,053	1,211	5	1,211		1,715	22
23	ABC-New patio door operator			2007	4,046	405	10	405		574	23
24	GTMECH-Exhaust motor & wheel blade			2007	4,791	479	10	479		599	24
25	ABC-Removal & repair of hot water piping			2007	4,170	167	25	167		195	25
26	Replace Gas Oxygen Units			2008	9,275	541	10	541		541	26
27	GTMECH-Repair Boiler Pumps			2008	3,242	135	10	135		135	27
28	Adj for ABC related party profit			2008	(53)	(3)		(3)		(3)	28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

*Total beds on this schedule must agree with page 2.

See Page 12A, Line 70 for total

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Alden Des Plaines Rehab & Health Care Center

0042010

Report Period Beginning:

1/1/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 7,611,798	\$ 277,146		\$ 209,649	\$ (67,497)	\$ 1,782,951	1
2									2
3	Related Party-Forum Prof Center Building:								3
4	Leasehold Improvement-Remodeling	1980	10,666		15			10,666	4
5	Leasehold Improvement-Remodeling	1980	16,708		20			16,708	5
6	Leasehold Improvement-Tenant Improvement	1987	864		13			864	6
7	Leasehold Improvement-AMS Remodel	1988	13,861		10			13,861	7
8	Leasehold Improvement-Roof	1994	3,097	194	16	194		2,711	8
9	Leasehold Improvement-Build.Improv.	1996	1,092	68	16	68		884	9
10	Leasehold Improvement-Asphalting	2000	85		3			85	10
11	Leasehold Improvement-DAI	2001	149	15	10	15		107	11
12	Leasehold Improvement-Bathrooms	2002	645	58	7	58		436	12
13	Leasehold Improvement-Suite Renovation	2003	1,583	157	10	157		950	13
14	Leasehold Improvement-Plumbing, Construct, Concrete, Doors, etc	2004	1,982	375	7	375		1,546	14
15	Leasehold Improvement-sidewalks-City of Chic.	2007	102	20	5	20		41	15
16	Leasehold Improvement-Carpet: Superior Install.	2007	94	19	5	19		37	16
17	Leasehold Improvement-Condensing Unit: Suite 140	2007	813	116	5	116		232	17
18	Leasehold Improvement-Add-on Improvement, fixture base	1980	69		23			69	18
19	Leasehold Improvement-Add-on Improvement, lighting base	2001	119		5			119	19
20	Leasehold Improvements-fire extinguishers	2007	22	4	5	4		6	20
21	Leasehold Improvements-paving/glasswork/hvac/carpet	2008	392	24	5	24		24	21
22									22
23									23
24	Related Party-AMS:								24
25	Leasehold Improvement-Remodeling	1993	5,740		7			5,740	25
26	Leasehold Improvement-Remodeling	2002	4,699	671	7	671		3,944	26
27	Leasehold Improvement-Remodeling	2003	4,915	702	7	702		4,110	27
28									28
29									29
30	Forum Extended Care, LLC-building/building improv	1999	9,295	232	30	232		2,372	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,688,791	\$ 279,802		\$ 212,305	\$ (67,497)	\$ 1,848,463	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Alden Des Plaines Rehab & Health Care Center # 0042010 Report Period Beginning: 1/1/08 Ending: 12/31/08

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 672,609	\$ 89,328	\$ 65,890	\$ (23,438)	Various	\$ 511,068	71
72	Current Year Purchases	110,179	2,507	2,507		Various	1,489	72
73	Fully Depreciated Assets	80,365	693	693		Various	80,365	73
74								74
75	TOTALS	\$ 863,153	\$ 92,528	\$ 69,090	\$ (23,438)		\$ 592,922	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	bus	2001	2001	\$ 49,826	\$	\$	\$	5	\$ 49,826	76
77										77
78										78
79	Related Party - AMS	Various	98-'04	4,563				3	4,563	79
80	TOTALS			\$ 54,389	\$	\$	\$		\$ 54,389	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 9,622,378	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 372,330	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 281,395	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (90,935)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 2,495,774	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92	N/A	\$	92
93			93
94			94
95		\$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Facility Name & ID Number Alden Des Plaines Rehab & Health Care Center # 0042010 Report Period Beginning: 1/1/08 Ending: 12/31/08

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Related party - cost is backed out

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions. YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

**

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized
by the length of the lease _____.

9. Option to Buy: YES NO Terms: _____*

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ 16,636 Description: Copy machine lease & Various Office Equipment

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>Related party - AMS</u>	<u>Various</u>	\$ <u>954.25</u>	\$ <u>11,451</u>	17
18					18
19					19
20					20
21	TOTAL		\$ <u>954.25</u>	\$ <u>11,451</u>	21

10. Effective dates of current rental agreement:

Beginning 7/1/2001

Ending 7/1/2008

11. Rent to be paid in future years under the current rental agreement:

Fiscal Year Ending Annual Rent

12. 2009 \$ Varies

13. 2010 \$ Varies

14. 2011 \$ Varies

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name & ID Number Alden Des Plaines Rehab & Health Care Center # 0042010 Report Period Beginning: 1/1/08 Ending: 12/31/08

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p> <p><u>Skilled nurses on site.</u></p>	<p>2. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
--	--	---

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility		3	4
		1	2		
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities.

\$

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 561,550	\$		\$ 561,550	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			39,111			39,111	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			1,045,541			1,045,541	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	See Pg 16A	# of prescripts				630,916		630,916	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):	39-1, 39-3, if any								12
13	Other (specify): See Pg 16A					74,800	217,084		291,884	13
14	TOTAL			\$		\$ 1,721,002	\$ 848,000		\$ 2,569,002	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

Page 16
 Col 5: PT,OT, & ST
 Col 6: Supplies

XIV. Special Services (Direct Cost)

Service Description	Col. 1: Ref. No.	To Pg 16: Col. No.	
1. OT	39-3	To Col 5	\$561,549.68
2. ST	39-3	To Col 5	39,110.71
3.			
4. PT	39-3	To Col 5	1,045,541.35
5.			
6.			
7.			
8.			
Pharmacy Supplies per GL			433,952.22
Manual Input from Related Party- Forum Drugs			196,964.00
9. Total to line 9 Pharmacy	See Pg 16A	To Col 6	630,916.22
10.			
11.			
12. Exceptional Care-Salaries:	See pg 16A	To Col. 3	0.00
12. Exceptional Care-Supplies:	See pg 16A	To Col. 6	0.00
Total Exceptional Care (Line 12, Col 8)			0.00
13. Other:	See Pg 16A		
13. Col 5: Manual Input: Related Party - CPT		To Col 5	74,800.00
Other			623,413.03
Manual Input: Related Party - Prism			(57,434.00)
Manual Input: Related Party FECII - I.V.			(351,583.00)
Manual Input: Related Party FECII - Wound Care			(307.00)
Oxygen, from reclass worksheet			2,995.00
13. Col 6: Supplies Total		To Col 6	217,084.03
13. Total Line 13, Column 8			217,084.03
14. Total			2,569,001.99

Facility Name & ID Number Alden Des Plaines Rehab & Health Care Center

0042010

Report Period Beginning: 1/1/08

Ending:

12/31/08

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/08

(last day of reporting year)

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance 69,000)	1,418,532	1,418,532	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance		56,032	6
7	Other Prepaid Expenses	5,754	5,754	7
8	Accounts Receivable (owners or related parties)	1,413,522	4,153,819	8
9	Other(specify): Due from 3rd parties	21,069	144,383	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,858,877	\$ 5,778,520	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		1,003,985	13
14	Buildings, at Historical Cost		9,685,956	14
15	Leasehold Improvements, at Historical Cost	589,608	628,163	15
16	Equipment, at Historical Cost	368,625	1,473,147	16
17	Accumulated Depreciation (book methods)	(437,951)	(3,056,206)	17
18	Deferred Charges	49,071	49,071	18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		823,258	21
22	Other Long-Term Assets (specify):			22
23	Other(specify): Refinancing Fee	6,075	205,213	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 575,428	\$ 10,812,587	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 3,434,305	\$ 16,591,107	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 838,226	\$ 737,633	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	188,601	188,601	28
29	Short-Term Notes Payable	89,797	208,931	29
30	Accrued Salaries Payable	304,224	304,224	30
31	Accrued Taxes Payable (excluding real estate taxes)	64,048	64,048	31
32	Accrued Real Estate Taxes(Sch.IX-B)		341,100	32
33	Accrued Interest Payable	9,393	61,718	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	Accrued exp, ins,sales tax, etc	40,896	40,896	36
37	Deferred Revenue		417,454	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,535,185	\$ 2,364,604	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	1,192,668	2,776,083	39
40	Mortgage Payable		10,014,521	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	Note Payable			43
44	Shareholder Loans/Others	167,000	167,000	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 1,359,668	\$ 12,957,604	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 2,894,853	\$ 15,322,208	46
47	TOTAL EQUITY (page 18, line 24)	\$ 539,452	\$ 1,268,899	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 3,434,305	\$ 16,591,107	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 225,817	1
2	Restatements (describe):		2
3	Allocate Personnel Director Salary	(29,899)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 195,918	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	343,534	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 343,534	17
B. Transfers (Itemize):			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 539,452	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Des Plaines Rehab & Health Care Center # 0042010 Report Period Beginning: 1/1/08 Ending: 12/31/08

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required

classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

		1	
		Revenue	Amount
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 11,309,577	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 11,309,577	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	43,507	6
7	Oxygen	239	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 43,746	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	52	12
13	Barber and Beauty Care	714	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space	11,895	16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	6,501	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 19,162	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	3,678	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 3,678	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Misc Income & Gain on Sale of Assets	8,864	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 8,864	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 11,385,027	30

		2	
		Expenses	Amount
A. Operating Expenses			
31	General Services	1,471,336	31
32	Health Care	2,911,827	32
33	General Administration	2,194,316	33
B. Capital Expense			
34	Ownership	1,557,955	34
C. Ancillary Expense			
35	Special Cost Centers	2,703,567	35
36	Provider Participation Fee	60,390	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 10,899,391	40
41	Income before Income Taxes (line 30 minus line 40)**	485,636	41
42	Income Taxes	(142,102)	42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 343,534	43

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? Not yet done If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

**** Provide a detailed breakdown of "Other Revenue" on an attached sheet.

STATE OF ILLINOIS

Facility Name & ID Number Alden Des Plaines Rehab & Health Care Center

0042010

Report Period Beginning:

1/1/08

Ending:

12/31/08

Details of Page 19, Line 28

Misc Income (Record copies)	69.00
Misc Income (Jury Duty)	17.00
Misc Income (Vending Machine)	768.00
Misc Income (Food vendor rebate)	2,239.00
Misc Income (Wage Service fees)	212.00
Misc Income (Donation)	57.00
Gain on Sale of Assets	5,502.00
Total	<u>8,864.00</u>

Facility Name & ID Number Alden Des Plaines Rehab & Health Care Center

0042010

Report Period Beginning:

1/1/08

Ending:

12/31/08

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,942	2,134	\$ 87,206	\$ 40.87	1
2	Assistant Director of Nursing					2
3	Registered Nurses	28,381	29,895	1,011,112	33.82	3
4	Licensed Practical Nurses	12,953	13,761	364,604	26.50	4
5	CNAs & Orderlies	55,139	59,094	864,992	14.64	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,220	2,607	48,170	18.48	8
9	Activity Director	2,056	2,080	44,444	21.37	9
10	Activity Assistants	5,853	6,260	69,631	11.12	10
11	Social Service Workers	1,760	1,912	37,844	19.79	11
12	Dietician					12
13	Food Service Supervisor	1,880	1,920	39,000	20.31	13
14	Head Cook	2,622	2,854	51,312	17.98	14
15	Cook Helpers/Assistants	36,487	39,797	431,755	10.85	15
16	Dishwashers					16
17	Maintenance Workers	1,992	2,080	47,629	22.90	17
18	Housekeepers	14,506	15,310	168,102	10.98	18
19	Laundry	2,866	2,968	28,806	9.71	19
20	Administrator	1,576	1,680	56,550	33.66	20
21	Assistant Administrator	280	280	5,553	19.83	21
22	Other Administrative	4,752	5,296	151,763	28.66	22
23	Office Manager	1,912	2,040	37,563	18.41	23
24	Clerical	3,377	3,447	30,201	8.76	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	2,552	2,752	87,008	31.62	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	99	99	835	8.43	31
32	Other Health Care(specify)					32
33	Other(specify) Unit Director	1,872	2,080	34,999	16.83	33
34	TOTAL (lines 1 - 33)	187,077	200,346	\$ 3,699,079 *	\$ 18.46	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly	\$ 7,467	1-3	35
36	Medical Director	Monthly	60,000	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	2,640	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant	9	792	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	9	\$ 70,899		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses		\$		50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)		\$		53

Alden Des Plaines Rehab & Health Care Center
Legal Fee Support
2008

Pg 21A

Legal Fees Reported on Pg 21, Section C:	25,865.00
Less: Collection, estates & other non-allowable legal fees listed on Pg 5, Ln 19	(13,392.00)
Less: Non-allowable legal fees, if any, deducted on Pg 5A	<u> </u>
Allowable Legal Fees	<u><u>12,473.00</u></u>

Facility Name & ID Number Alden Des Plaines Rehab & Health Care Center

0042010

Report Period Beginning: 1/1/08

Ending: 12/31/08

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. Il. Health Care Assn. \$4111
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 7.5 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 19,018 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. _____
- (9) Are you presently operating under a sublease agreement? _____ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 60,390
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 20,497 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? 0
d. Have vehicle usage logs been maintained? No
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ 0
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: _____ The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? No If no, please explain. Audit is of The Alden Group, Ltd.
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees.